STATE OF MICHIGAN

DEPARTMENT OF MANAGEMENT AND BUDGET



OFFICE OF RETIREMENT SERVICES

Serving the Customers of the Judges, Public School Employees, State Employees, and State Police Retirement Systems

PO Box 30171, Lansing, MI 48909-7671 http://www.state.mi.us/dmb/ors/

Telephone: 517-322-5103 Outside Lansing: 800-381-5111

Public School Employees Beneficiary Nomination

You must complete this form to nominate a beneficiary. You only need to complete ONE form, even if you are employed in more than one school district. Please read the instructions on the back before completing this form.

Your completed Beneficiary Nomination Form must be on file with the Office of Retirement Services (ORS) for the beneficiary nomination to be valid. If you are married and nominate a primary beneficiary other than your spouse, your spouse must sign this form in Section III waiving rights to a survivor pension.

Section I. Member Information (Please Print or Type)

SOCIAL SECURITY NUMBER*	MEMBER'S NAME (LAST,	FIRST, M.I.)		
STREET ADDRESS		CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE	
BIRTHPLACE (CITY, STATE)		BIRTHDATE (MM/DD/YYYY)*	MALE FEMALE	
SPOUSE'S NAME (WRITE "NONE" IF UNMARRIED)		NAME OF SCHOOL SYSTEM WHER	NAME OF SCHOOL SYSTEM WHERE YOU ARE EMPLOYED	
only one primary beneficiary for monthly survivor benefit, this ber	payment of monthly neficiary will receive a	ons for Nominating or Changing Your survivor benefits. If you die before y a lump-sum refund of any amount d eneficiary. You must name a <u>person</u> .	our beneficiary is eligible for a ue. The retirement law does not	
A. PRIMARY BENEFICIARY NAME (LAST, FIRST, M.I.)		RELATIONSHIP	BIRTHDATE (MM/DD/YYYY)*	
Nominate contingent beneficiarie	s. Refunds will be sha	red equally. See " <i>Lump Sum Survivo</i>	r Refund" on the back.	
B. CONTINGENT BENEFICIARY NAME (LAST, FIRST, M.I.)		RELATIONSHIP	BIRTHDATE (MM/DD/YYYY)*	
CONTINGENT BENEFICIARY NAME (LAST, FIRST, M.I.)		RELATIONSHIP	BIRTHDATE (MM/DD/YYYY)*	
CONTINGENT BENEFICIARY NAME (LAST, FIRST, M.I.)		RELATIONSHIP	BIRTHDATE (MM/DD/YYYY)*	
Section III. Signature - I understand I may change my beneficiary at any time by filing a new Beneficiary Nomination form with ORS. If I am married, I understand that my spouse is automatically my retirement pension beneficiary, unless my spouse by written signature declines the automatic benefit in favor of another eligible beneficiary. I declare to the best of my knowledge that all statements and answers are full, complete and true.				
SPOUSE'S SIGNATURE (ONLY REQUIRED TO WAIVE PENSION BENEFITS)			DATE	

Incomplete forms will be returned to your address listed above. If no address is provided, incomplete forms will be destroyed. Completion of this form is required to nominate a beneficiary. The Public School Employees Retirement System is an IRS qualified pension plan under Section 401(a).

Instructions for Nominating or Changing Your Beneficiary

In the event of your death, the Michigan Public School Employees Retirement Act, Public Act 300 of 1980, as amended, provides for any benefit available to be paid to the beneficiary(ies) named on this form. The benefit available will depend on your age and accrued service credit, at the time of your death. Two types of survivor benefits are possible – a monthly survivor benefit and a lump sum survivor refund.

1. MONTHLY SURVIVOR BENEFIT

A monthly survivor benefit may be paid to an eligible beneficiary when you die if your death is duty related or IF you meet one of the following requirements.

Member Investment Plan (MIP) Members:

- if under 60, you must have 10.0 years of credit.
- if over 60, you must have 5.0 years of service credit.

Basic Plan Members:

- if under 60, you must have 15.0 years of service credit.
- if over 60, you must have 10.0 years of service credit.

PRIMARY BENEFICIARY ELIGIBLE FOR SURVIVOR BENEFITS: [Section II-A]

Surviving spouse – By law, your spouse is automatically your legal beneficiary and can receive a monthly survivor benefit for his/her lifetime. If you name your spouse as the primary beneficiary, his/her signature **is not required** in Section III.

Other Dependents - If a surviving spouse does not exist or if he/she waives all pension benefit rights, a monthly survivor benefit may be payable to a minor child (under 18), including an adopted child, a dependent child, or a brother, sister or parent who depends on you for at least 50% of his/her personal support. This beneficiary will receive monthly survivor benefits as long as he or she remains dependent. Children over age 18 and other beneficiaries require proof of dependency, such as being named as a dependent on your income tax return form.

If you are a *deferred member*, your survivor's monthly benefits will not begin until the month *you* would have otherwise become eligible to receive a monthly pension.

If you name someone other than your spouse as your primary beneficiary for a survivor benefit, your spouse must waive his or her rights to these benefits by signing in the box in Section III. This signature is required each time the form is completed.

If you do not have a beneficiary eligible to receive a monthly survivor benefit, a lump sum refund may be payable. See "Lump Sum Survivor Refund."

WHEN TO CHANGE YOUR BENEFICIARY:

If the primary beneficiary named in Section II-A dies, is divorced from you, or is no longer dependent on you, the election for a monthly survivor benefit is automatically revoked. A revised beneficiary nomination form naming a new beneficiary should be filed when any change occurs in your relationship with the primary beneficiary.

2. LUMP SUM SURVIVOR REFUND

If no monthly survivor benefit is payable, the primary beneficiary you name in Section II-A will receive a **lump sum survivor refund** of your personal contributions plus interest. If no primary beneficiary is named, or he/she does not survive you, the lump sum refund will be paid, in equal shares, to the contingent beneficiaries in Section II-B. (If no contributions remain in your account, see "No Benefits Payable" below.)

3. TRUSTS, LIVING WILLS, ESTATES, ORGANIZATIONS OR COMPANIES

A trust, estate, organization, or company cannot be directly named as a beneficiary. The Retirement law requires you to name a "person." However, you may nominate a person in care of, as the trustee of, or as the administrator of a legal entity. Member Sally Wilson, can name her husband, William, as her primary beneficiary using: "William Wilson, in care of the William and Sally Wilson joint trust" or "William Wilson, trustee, c/o the William Wilson Living Trust." Or you could name your child, in care of your trust. Do not name yourself as the trustee or administrator of a living trust or living will. This beneficiary nomination is not valid.

If you want an organization or company to receive your refund, designate **by person's name**, the organization's trustee or company's executive, *or successor*, *in care of* the organization or company.

4. NO BENEFITS PAYABLE

There may be no benefits payable **if** you don't meet the requirements for a monthly survivor benefit, **or if** no one is eligible for a monthly survivor benefit, **or if**, at the time of your death, there are no member contributions in your individual retirement account.

The retirement contributions your employer paid into the Retirement System are not refundable to you or your beneficiary.

If you need additional help completing this form, call ORS at 517-322-5103 from the Lansing area, or toll-free at 800-381-5111.